

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HZ350999**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) JUNG, JAEHO		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 13387	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 7225 S MERRILL AVE	
DATE OF APPOINTMENT 28-AUG-2006	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 003	BEAT/CALL NO. 0314	LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 0333
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE ASIAN/PACIFIC ISLAND	DOB [REDACTED]	DATE OF OCCURRENCE 16-JUL-2016
HEIGHT 510	WEIGHT 178	TIME 01:59:00	DAY OF WEEK SATURDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input checked="" type="checkbox"/> 1. ON DUTY <div style="margin-left: 20px;"><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____</div></div><div style="width: 45%;"><div>WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____</div><div>PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____</div></div></div>		NO. OF OFFICERS BATTERED <u>3</u>	
		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>3</u>	
TYPE OF ACTIVITY <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER</div><div style="width: 45%;"></div></div>		MANNER OF ATTACK <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)</div><div style="width: 45%;"></div></div>	
TYPE OF INJURY TO OFFICER <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE</div><div style="width: 45%;"></div></div>		OFFENDER INFORMATION <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F</div><div>CB NO. 19343021</div></div><div style="width: 45%;"><div>RACE BLACK</div><div>IR NO.</div></div></div>	
LIGHTING CONDITIONS AT INCIDENT <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN</div><div style="width: 45%;"><div><input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <div style="margin-left: 20px;"><input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD</div></div></div></div>		WEATHER CONDITIONS <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW</div><div style="width: 45%;"><div><input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND</div><div>G. OTHER</div></div></div> <div>APPROXIMATE OUTDOOR TEMPERATURE: <u>61° F</u></div>	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE
JUNG, JAEHO

STAR NO.
13387

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WILLIAMS, TERESA H 212